# HRA VEBA Plan: HRA VEBA Board of Trustees

**Coverage Period: Beginning on or after 01/01/2014**

**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

**Coverage for:** Participant + Dependents | **Plan Type:** HRA

**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.hraveba.org or by calling 1-888-659-8828. (Note: the Uniform Glossary can be accessed at www.dol.gov/ebsa/healthreform.)

| Important Questions | Answers | Why this Matters: |
|---|---|---|
| **What is the overall deductible?** | **$0** | See the chart starting on page 2 for your costs for services this plan covers. |
| **Are there other deductibles for specific services?** | **No.** | You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers. |
| **Is there an out–of–pocket limit on my expenses?** | **No.** | There is no limit on how much you could pay during a coverage period for your share of the cost of covered services. |
| **What is not included in the out–of–pocket limit?** | This plan has no **out-of-pocket limit.** | Not applicable because there's no **out-of-pocket limit** on your expenses. |
| **Is there an overall annual limit on what the plan pays?** | Yes, once claims eligible, your current account balance at any given time is the limit on what the plan pays, and this amount may vary depending on additional contributions made to, or claims paid from, your account during the coverage period. | The plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart on page 2 describes *specific* coverage limits. |
| **Does this plan use a network of providers?** | No. | This plan treats **providers** the same in determining payment for the same services. |
| **Do I need a referral to see a specialist?** | No. | You can see the **specialist** you choose without permission from this plan. |
| **Are there services this plan doesn't cover?** | Yes. | Some of the services this plan doesn't cover are listed on page 4. See your plan document for additional information about **excluded services**. |

**The HRA VEBA Plan reimburses your out-of-pocket health care expenses. It is an account-based health reimbursement arrangement (HRA); it is not an insurance plan. You do not pay a premium for coverage. Your account is funded with employer contributions, which may include mandatory salary reductions. The maximum benefit (reimbursement) amount is equal to your available account balance at the time your claim is processed. Qualified expenses, as defined by the IRS, include services received from any licensed health care provider or specialist. If your plan is a post-separation plan, your benefits may be limited to expenses incurred after separation from service from your employer.**

**Questions:** Call 1-888-659-8828 or visit us at www.hraveba.org.
If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-888-659-8828 to request a copy.

**The following terms relate to traditional health insurance coverage and are not applicable to a health reimbursement arrangement but are required by law to be included in this Summary of Benefits and Coverage.**

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- Your cost sharing does not depend on whether a provider is in a network.

| Common Medical Event | Services You May Need | Your cost | Limitations & Exceptions |
|---|---|---|---|
| **If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | May be reimbursed up to 100% | Reimbursement limited by your current account balance* |
| | Specialist visit | May be reimbursed up to 100% | |
| | Other practitioner office visit | May be reimbursed up to 100% | |
| | Preventive care/screening/immunization | May be reimbursed up to 100% | |
| **If you have a test** | Diagnostic test (x-ray, blood work) | May be reimbursed up to 100% | Reimbursement limited by your current account balance* |
| | Imaging (CT/PET scans, MRIs) | May be reimbursed up to 100% | |
| **If you need drugs to treat your illness or condition**<br><br>More information about **prescription drug coverage** is available at www.hraveba.org. | Generic drugs | May be reimbursed up to 100% | Reimbursement limited by your current account balance* |
| | Preferred brand drugs | May be reimbursed up to 100% | |
| | Non-preferred brand drugs | May be reimbursed up to 100% | |
| | Specialty drugs | May be reimbursed up to 100% | |
| **If you have** | Facility fee (e.g., ambulatory surgery center) | May be reimbursed up to 100% | Reimbursement limited by your |

**The HRA VEBA Plan reimburses your out-of-pocket health care expenses. It is an account-based health reimbursement arrangement (HRA); it is not an insurance plan. You do not pay a premium for coverage. Your account is funded with employer contributions, which may include mandatory salary reductions. The maximum benefit (reimbursement) amount is equal to your available account balance at the time your claim is processed. Qualified expenses, as defined by the IRS, include services received from any licensed health care provider or specialist. If your plan is a post-separation plan, your benefits may be limited to expenses incurred after separation from service from your employer.**

| Common Medical Event | Services You May Need | Your cost | Limitations & Exceptions |
|---|---|---|---|
| **outpatient surgery** | Physician/surgeon fees | May be reimbursed up to 100% | current account balance* |
| **If you need immediate medical attention** | Emergency room services | May be reimbursed up to 100% | Reimbursement limited by your current account balance* |
| | Emergency medical transportation | May be reimbursed up to 100% | |
| | Urgent care | May be reimbursed up to 100% | |
| **If you have a hospital stay** | Facility fee (e.g., hospital room) | May be reimbursed up to 100% | Reimbursement limited by your current account balance* |
| | Physician/surgeon fee | May be reimbursed up to 100% | |
| **If you have mental health, behavioral health, or substance abuse needs** | Mental/Behavioral health outpatient services | May be reimbursed up to 100% | Reimbursement limited by your current account balance* |
| | Mental/Behavioral health inpatient services | May be reimbursed up to 100% | |
| | Substance use disorder outpatient services | May be reimbursed up to 100% | |
| | Substance use disorder inpatient services | May be reimbursed up to 100% | |
| **If you are pregnant** | Prenatal and postnatal care | May be reimbursed up to 100% | Reimbursement limited by your current account balance* |
| | Delivery and all inpatient services | May be reimbursed up to 100% | |
| **If you need help recovering or have other special health needs** | Home health care | May be reimbursed up to 100% | Reimbursement limited by your current account balance* |
| | Rehabilitation services | May be reimbursed up to 100% | |
| | Habilitation services | May be reimbursed up to 100% | |
| | Skilled nursing care | May be reimbursed up to 100% | |
| | Durable medical equipment | May be reimbursed up to 100% | |
| | Hospice service | May be reimbursed up to 100% | |
| **If your child needs dental or eye care** | Eye exam | May be reimbursed up to 100% | Reimbursement limited by your current account balance* |
| | Glasses | May be reimbursed up to 100% | |
| | Dental check-up | May be reimbursed up to 100% | |
| *** Once claims eligible, reimbursement is limited by your current account balance, but any remaining unpaid expenses may be re-submitted if you receive additional contributions into your account.** | | | |

**The HRA VEBA Plan reimburses your out-of-pocket health care expenses. It is an account-based health reimbursement arrangement (HRA); it is not an insurance plan. You do not pay a premium for coverage. Your account is funded with employer contributions, which may include mandatory salary reductions. The maximum benefit (reimbursement) amount is equal to your available account balance at the time your claim is processed. Qualified expenses, as defined by the IRS, include services received from any licensed health care provider or specialist. If your plan is a post-separation plan, your benefits may be limited to expenses incurred after separation from service from your employer.**

## Excluded Services & Other Covered Services:

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery

**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Bariatric surgery (if prescribed to treat a specific medical condition)
- Chiropractic care
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care (if qualifies as medical care)
- Non-emergency care when traveling outside of the U.S. (if primarily for medical care and is legal in the U.S. and the other country)
- Private-duty nursing (if providing nursing services; not household or personal services)
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs (if prescribed to treat a specific medical condition)

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep receiving contributions into your plan. Any such rights may be limited in duration and may require you to pay a **premium**, which may be significantly higher than the contributions you were receiving while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-659-8828. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

This information is intended to assist those plan participants who may not speak English as their predominant language.

SPANISH (Español): Para obtener asistencia en Español, llame al 1-888-659-8828.
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-659-8828.
CHINESE (中文): 如果需要中文的帮助，请拨打这个号码 1-888-659-8828。
NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-888-659-8828.

**The HRA VEBA Plan reimburses your out-of-pocket health care expenses. It is an account-based health reimbursement arrangement (HRA); it is not an insurance plan. You do not pay a premium for coverage. Your account is funded with employer contributions, which may include mandatory salary reductions. The maximum benefit (reimbursement) amount is equal to your available account balance at the time your claim is processed. Qualified expenses, as defined by the IRS, include services received from any licensed health care provider or specialist. If your plan is a post-separation plan, your benefits may be limited to expenses incurred after separation from service from your employer.**

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

HRA VEBA Third-party Administrator
Meritain Health
PO Box 27810
Minneapolis, MN 55427-0810

Phone: 1-888-659-8828
Email: myHRAVEBA@meritain.com

Additionally, a consumer assistance program can help you file your appeal. Contact your local Consumer Assistance Program if you are a resident of Washington or Oregon using the information below.

Washington Consumer Assistance Program
5000 Capitol Blvd
Tumwater, WA 98501

Phone: 1-800-562-6900
Email: cap@oic.wa.gov

Oregon Insurance Division – Oregon Health Connect
350 Winter St NE
Salem, OR 97309

Phone: 1-855-999-3210
Email: health.connect@state.or.us

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

This plan is an account-based health reimbursement arrangement that is not designed to meet, and does not meet, the minimum value standard for the benefits it provides.

This information is intended to assist those plan participants who may not speak English as their predominant language.

SPANISH (Español): Para obtener asistencia en Español, llame al 1-888-659-8828.
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-659-8828.
CHINESE (中文): 如果需要中文的帮助，请拨打这个号码 1-888-659-8828。
NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-888-659-8828.

*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

**The HRA VEBA Plan reimburses your out-of-pocket health care expenses. It is an account-based health reimbursement arrangement (HRA); it is not an insurance plan. You do not pay a premium for coverage. Your account is funded with employer contributions, which may include mandatory salary reductions. The maximum benefit (reimbursement) amount is equal to your available account balance at the time your claim is processed. Qualified expenses, as defined by the IRS, include services received from any licensed health care provider or specialist. If your plan is a post-separation plan, your benefits may be limited to expenses incurred after separation from service from your employer.**

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under this plan.

### This is not a cost estimator.

Don't use these examples to estimate your actual costs for health care under this or any other plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

These examples assume that the sample participant has a $5,000 account balance at the time claims for reimbursement of these medical expenses are submitted. The results in a health reimbursement arrangement (HRA) will vary under these examples, depending on the participant's actual account balance.

These examples also assume that the medical expenses are not covered or reimbursed under another policy or plan of the participant.

See the next page for other important information about these examples.

## Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Current account balance: $5,000**
- **Plan reimburses** $5,000
- **Patient pays** $2,540

### Sample care costs:

| | |
|---|---|
| Hospital charges (mother) | $2,700 |
| Routine obstetric care | $2,100 |
| Hospital charges (baby) | $900 |
| Anesthesia | $900 |
| Laboratory tests | $500 |
| Prescriptions | $200 |
| Radiology | $200 |
| Vaccines, other preventive | $40 |
| **Total** | **$7,540** |

### Patient pays:

| | |
|---|---|
| Deductibles | $0 |
| Co-pays | $0 |
| Co-insurance | $0 |
| Limits or exclusions** | $2,540 |
| **Total** | **$2,540** |

**** Note: This plan is a health reimbursement arrangement (HRA). The plan reimburses participants for out-of-pocket medical care expenses. Reimbursements in this example are limited by the current account balance of $5,000.**

## Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $4,100
- **Current account balance: $5,000**
- **Plan reimburses** $4,100
- **Patient pays** $0

### Sample care costs:

| | |
|---|---|
| Prescriptions | $1,500 |
| Medical Equipment and Supplies | $1,300 |
| Office Visits and Procedures | $730 |
| Education | $290 |
| Laboratory tests | $140 |
| Vaccines, other preventive | $140 |
| **Total** | **$4,100** |

### Patient pays:

| | |
|---|---|
| Deductibles | $0 |
| Co-pays | $0 |
| Co-insurance | $0 |
| Limits or exclusions** | $0 |
| **Total** | **$0** |

**** Note: This plan is a health reimbursement arrangement (HRA). The plan reimburses participants for out-of-pocket medical care expenses. Reimbursements in this example are not limited, because the expenses do not exceed the current account balance of $5,000.**

**The HRA VEBA Plan reimburses your out-of-pocket he… …bursement arrangement (HRA); it is not an insurance plan. You do not pay a premium for coverage. Your account is funded with employer contributions, which may include mandatory salary reductions. The maximum benefit (reimbursement) amount is equal to your available account balance at the time your claim is processed. Qualified expenses, as defined by the IRS, include services received from any licensed health care provider or specialist. If your plan is a post-separation plan, your benefits may be limited to expenses incurred after separation from service from your employer.**

# Questions and answers about the Coverage Examples:

## What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums** or mandatory salary contributions.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

## What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited by your current account balance.

## Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

## Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

## Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

## Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay on certain plans. This plan is a health reimbursement arrangement (HRA), and **premiums** do not apply. Your HRA plan is funded through employer contributions, which may include mandatory salary reductions. You should also consider contributions to accounts such as health savings accounts (HSAs) flexible spending arrangements (FSAs) that help you pay out-of-pocket expenses.

**The HRA VEBA Plan reimburses your out-of-pocket health care expenses. It is an account-based health reimbursement arrangement (HRA); it is not an insurance plan. You do not pay a premium for coverage. Your account is funded with employer contributions, which may include mandatory salary reductions. The maximum benefit (reimbursement) amount is equal to your available account balance at the time your claim is processed. Qualified expenses, as defined by the IRS, include services received from any licensed health care provider or specialist. If your plan is a post-separation plan, your benefits may be limited to expenses incurred after separation from service from your employer.**

**Questions:** Call 1-888-659-8828 or visit us at www.hraveba.org.
If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-888-659-8828 to request a copy.